

## **ADULT PARTIAL HOSPITAL CARE**

### **Definition**

The *Montana Medicaid Mental Health Clinical Management Guidelines* (referred to hereafter as the *Clinical Management Guidelines*) define Partial Hospital Care as “a level of care that is distinguished from 24-hour inpatient or intermediate/residential care only in that the person does not remain in the hospital 24-hours per day. Support and supervision must be sufficient to maintain the person’s safety outside the hospital. Services of a high level of intensity are provided on-site.”

Services are available a minimum of 4 hours per day and 5 days per week in an appropriately licensed facility. Treatment is intensive and is provided in a supervised environment by a multi-disciplinary team of qualified professionals including, but not limited to, Board-eligible or certified psychiatrists, clinicians, registered nurses, licensed mental health professionals, and other ancillary staff. Treatment is focused on the following:

- Reducing the risk of behaviors destructive to self or to others, including impulsive behaviors such as mutilation
- Reducing clinically significant disability
- Reducing the probability of impulsive behaviors that can be predicated to have a clinically significant risk based on the patient’s history and current clinical presentation.
- Reducing the probability of behaviors likely to lead to the need for a higher level of care
- Reducing medical factors that are associated with a mental disorder and place the patient at significant risk

### **Prior Authorization Reviews**

All admissions of Medicaid recipients to Partial Hospital Care require prior authorization and must meet medical necessity as defined in the *Clinical Management Guidelines*. (Refer to page 7-9 of this section for the *Clinical Management Guidelines* specific to Partial Hospital Care.)

### **Continued Stay Reviews**

All Partial Hospital Care serves that extend beyond the initial authorization date must be authorized through a Continued Stay Review. Discussion of the Continued Stay Review process begins on page 4 of this section.

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### **Retrospective Reviews**

Partial Hospital Care services are not subject to Retrospective Review by First Health Services of Montana unless otherwise requested by the Department of Public Health and Human Services.

### **Discharge Procedure**

AMDD no longer requires discharge notification form to be completed following patient discharge from services for this level of care.

**For information regarding Determination, Notification, and Appeal Procedures, please refer to the DETERMINATION, NOTIFICATION, AND APPEAL PROCEDURES section of this manual.**

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### PRIOR AUTHORIZATION REVIEW PROCEDURE

#### Definition

A partial hospital care admission is a scheduled admission that is subject to the choice or discretion of the recipient or the physician advisor regarding medical services and/or procedures that are medically necessary and advantageous to the client, but not necessary to prevent death or disability. Prior authorization is required for all admissions to a partial hospital care program.

Prior Authorization Review Procedure:

1. The provider must verify the recipient's Medicaid eligibility.
2. The provider should notify First Health as soon as the need for admission is determined, but **must** notify First Health no later than 48 hours/two (2) business days prior to admission. This allows for timely completion of the pre-admission review process. This is a fax or web based notification process for submission of the request for prior authorization and pertinent information. (See FORMS section of this manual for the *Prior Authorization Request Form*.)
3. The provider must submit a *Prior Authorization Request* form by fax or web that includes demographic and clinical information. This information must be sufficient for the clinical reviewer to make a determination regarding medical necessity and must include:
  - Demographic information
    - Recipient's Medicaid ID number (MID)
    - Recipient's Social Security Number (SSN)
    - Recipient's name, date of birth, and sex
    - Recipient's address, county of eligibility, telephone number
    - Responsible party name, address, phone number
    - Hospital name, provider number, and planned date of admission
  - Clinical Information
    - Prior inpatient treatment
    - Prior outpatient treatment/alternative treatment
    - Anticipated date of admission
    - Initial treatment plan
    - DSM IV diagnosis on Axis I through V
    - Medication history
    - Current symptoms requiring partial hospital care
    - Chronic behavior/symptoms
    - Appropriate medical, social, and family histories
    - Proposed discharge plan

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4. The recipient's treatment must be documented to meet all of the following criteria:
  - 1) The recipient is experiencing psychiatric symptoms of sufficient severity to create moderate to severe impairments in educational, social, vocational, and/or interpersonal functioning.
  - 2) The recipient cannot be safely and appropriately treated or contained in a less restrictive level of care.
  - 3) Proper treatment of the beneficiary's psychiatric condition requires acute treatment services on an outpatient basis under the direction of a physician .
  - 4) The recipient can be safely and effectively managed in a partial hospitalization setting without significant risk of harm to self or others .
  - 5) The services can reasonably be expected to improve the recipient's condition or prevent further regression.
  - 6) The recipient has exhausted or cannot be safely and effectively treated by less restrictive alternative services, including day treatment services or a combination of day treatment and other services.

## **CONTINUED STAY REVIEW PROCEDURE**

### **Definition**

A continued stay review is a review of currently delivered treatment to determine ongoing medical necessity for a continued level of care.

Reviews of request for continued stay authorization are based on updated treatment plans, progress notes and recommendation of the individual's treatment team. Continued stay requests require prior authorization and must meet the medical necessity criteria as defined in the *Clinical Management Guidelines*. (Refer to pages 7-9 of this section for the Partial Hospital Care *Clinical Management Guidelines*.)

### **Continued Stay Review Procedure**

1. The provider is responsible for contacting First Health Services of Montana by fax or web five (5) days prior to the termination of the initial certification.
2. The provider must submit a continued stay review request form by fax or web that provides sufficient information for the clinical reviewer to make a determination regarding medical necessity and must include:
  - Changes to current DSM-IV diagnosis on Axis I through V
  - Justification for continued services at this level of care
  - Assessment of treatment progress related to admitting symptoms and identified treatment goals
  - Current list of medications or rationale for medication changes, if applicable
  - Projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan
3. Upon receipt of the above documentation, First Health's clinical reviewer will complete the review process.
  - The authorization review will be completed within two (2) business days from receipt of the original review request and clinical information, providing the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.

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- If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five (5) day of the request for additional information, and
  - The authorization review will be completed within two (2) business days from receipt of additional information.
4. If medical necessity is met, the First Health reviewer will authorize the admission and generate notification to all appropriate parties.
  5. If medical necessity is not met, then the case is deferred to a board-certified psychiatrist in the First Health National Clinical Review Center for review and determination.

## **PARTIAL HOSPITAL CARE CLINICAL MANAGEMENT GUIDELINES**

First Health Services of Montana will employ the use of the *Montana Medicaid Clinical Management Guidelines* strictly as guidelines. This practical application, coupled with professional judgement based on clinical expertise and national best practices, will enhance the rendering of authorization decisions. The *Clinical Management Guidelines* for Partial Hospital Care, including service components, admission, continued stay, and discharge criteria are as follows:

### **Services Components** (must meet all of the following)

1. Minimum of four (4) hours of active mental disorder treatment per day within a structured therapeutic milieu (exclusive of formal education and support groups administered by non-licensed/certified personnel) which includes individual and/or group therapy.
2. Person must be seen and evaluated by a physician who will participate with the multi-disciplinary team in preparation of an individualized, documented treatment plan directed toward the alleviation of the impairment(s) that caused the admission.
3. Involvement of family and all active pre-admission caregivers, in evaluation, treatment planning activities, and in treatment as appropriate.
4. Active discharge planning must be initiated at time of admission to program and culminates in comprehensive discharge plan.
5. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission.
6. Treatment plan is regularly updated to reflect person's progress and/or new information that has become available.
7. Regular assessment and active interventions are completed by nurses, therapists, and physicians based upon the comprehensive treatment plan.

### **Admission Criteria** (must meet all of the following)

1. A covered DSM-IV diagnosis as the principal diagnosis.
2. The recipient is experiencing psychiatric symptoms of sufficient severity to create moderate to severe impairment in educational, social, vocational, and/or interpersonal functioning.

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3. The recipient cannot be safely and appropriately treated or contained in a less restrictive level of care.
4. Proper treatment of the recipient's psychiatric condition requires acute treatment services on an outpatient basis under the direction of a physician.
5. The recipient can be safely and effectively managed in a partial hospital setting without significant risk of harm to self/others.
6. The services can reasonably be expected to improve the recipient's condition or prevent further regression.
7. Discharge planning will be initiated at the time of admission.

#### **Continued Treatment Criteria** (must meet 1 and 2 and 3, and either 4 or 5 or 6):

1. A covered DSM-IV diagnosis as the principal diagnosis
- AND**
2. Active treatment is occurring, which is focused on stabilizing, or reversing symptoms that meet the admission criteria and that still exists.
- AND**
3. A lower level of care is inadequate to meet the patient's needs with regard to either treatment or safety.
- TOGETHER WITH**
4. There is a reasonable likelihood or clinically significant benefit, including stabilization, and reduced probability of future need for a higher level of care, as a result of medical intervention requiring the partial hospital setting.
- OR**
5. A high likelihood of either risk to the patient's safety or clinical well being or of further significant acute deterioration in the patient's condition without continued care in the partial hospital setting, with lower levels of care inadequate to meet these needs.
- OR**
6. The appearance of new impairments meeting the admission guidelines.

#### **Discharge Criteria** (must meet 1 and 2, or 3)

1. The symptoms/behaviors that required services at this level of care have improved sufficiently to permit treatment at a lower level of care.
- AND**
2. A comprehensive discharge plan has been developed and is ready to be implemented.
- OR**
3. The patient voluntarily withdraws from treatment or the person's parent or legal guardian removed them from the program.